

REPORT OF ACTION TAKEN
REGARDING THE MAKING OF A CARRYFORWARD ELECTION AND THE ISSUANCE OF PRIVATE ACTIVITY BONDS

California Debt Limit Allocation Committee
915 Capitol Mall, Room 311
Sacramento, CA 95814
(916) 653-3255

Please complete and mail form to the above address within **15 days** of issuing private activity bonds.

1. NAME OF ISSUER:
Address/City/State/Zip:
Contact Person: Phone: ()
Title: Fax: ()
2. ISSUER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:
3. DATE CARRYFORWARD ELECTION MADE:
4. AMOUNT OF CDLAC ALLOCATION ELECTED TO BE CARRIED FORWARD: \$
5. INTEREST RATE OF LONG-TERM BOND (SHORT TERM RATE, IF CONSTRUCTION ONLY):
- ~~5-6.~~ DATE BONDS ISSUED:
- ~~6-7.~~ CUSIP (Committee on Uniform Securities Identification Procedures) NUMBER OF THE BOND WITH THE LATEST MATURITY (if issue does not have a CUSIP, enter "none"):
- ~~7-8.~~ MAXIMUM PRINCIPAL AMOUNT: (aggregate face amount): \$
AMOUNT OF CDLAC ALLOCATION USED: \$
AMOUNT OF CDLAC ALLOCATION NOT USED: \$
- ~~8-9.~~ If the Principal Amount of Bonds Issued is different from the Amount of CDLAC Allocation Used, please briefly explain the difference:
- ~~9-10.~~ NAME OF BOND ISSUE:
- ~~10-11.~~ PROJECT/PROGRAM NAME (identify former name if name has changed since allocation was awarded):
- ~~11-12.~~ PRIVATE USER NAME:
- ~~12-13.~~ TYPE OF PROJECT:
- ~~13-14.~~ COUNTY(S) IN WHICH PROJECT(S) IS/ARE LOCATED:
- ~~14-15.~~ CDLAC RESOLUTION NUMBER AWARDED THE ALLOCATION: #
CDLAC APPLICATION NUMBER (shown on Exhibit "A" of Resolution) #

For CDLAC use only:

Agenda _____

Greensheet _____

RAT Docs _____

(CONTINUED ON REVERSE PAGE)

~~45.~~16. PERSON TO BE BILLED FOR CDLAC FEE:

Title:

Phone: ()

Firm:

Fax: ()

Address/City/State/Zip:

~~46.~~17. UNDERWRITER/PLACEMENT AGENT:

Address/City/State/Zip:

Contact Person:

Phone: ()

Fax: ()

~~17.~~18. BOND COUNSEL FIRM:

Name of Attorney:

Address/City/State/Zip:

Contact Person:

Phone: ()

Fax: ()

~~18.~~19. PERSON COMPLETING FORM (if different from #15 above):

Title:

Phone: ()

Firm/Agency:

Fax: ()

Address/City/State/Zip:

The undersigned do hereby certify to the accuracy of the information contained herein.

Signature of Issuer's Representative

Signature of Bond Counsel

Print Name of Issuer's Representative

Print Name of Bond Counsel

Date:

Date: